

JAN 14 2005

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

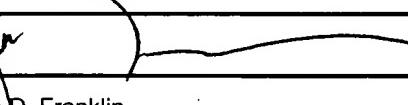
**14**

Application Number	09/687,138
Filing Date	October 12, 2000
First Named Inventor	Sie, John J.
Art Unit	2611
Examiner Name	Bui, Kieu Oanh T.

Attorney Docket Number **019281-000700US**

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> <b>Appeal Communication to TC (Appeal Brief)</b> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

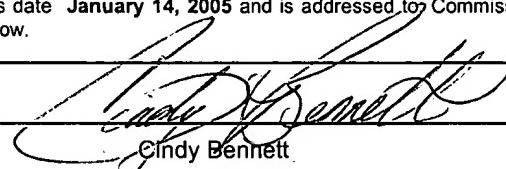
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Thomas D. Franklin		
Date	January 14, 2005	Reg. No.	43,616

**CERTIFICATE OF TRANSMISSION/MAILING**

Express Mail Label: EV 291388415 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date January 14, 2005 and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

  
Cindy Bennett

Typed or printed name

Date January 14, 2005

O I P E  
JAN 14 2005  
JC32

1-18-05

PTO/SB/17 (12-04)

AF  
JW

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**TRADEMARKS**  
**FEETRANSMITTAL**  
**For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 500)

Complete if Known	
Application Number	09/687,138
Filing Date	October 12, 2000
First Named Inventor	Sie, John J.
Examiner Name	Bui, Kieu Oanh T.
Art Unit	2611
Attorney Docket No.	019281-000700US

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Small Entity  
Fee (\$)  
50 25  
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Small Entity  
Fee (\$)  
200 100  
Multiple dependent claims Small Entity  
Fee (\$)  
360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20  

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

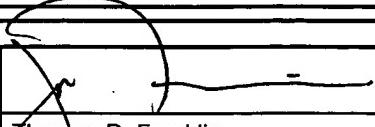
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other: Filing a brief in support of an appeal Fees Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		43,616	303-571-4000
Name (Print/Type)	Thomas D. Franklin		Date January 14, 2005

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